

Arkansas State Board of Cosmetology  
101 East Capitol, Suite 108  
Little Rock, AR 72201  
(501) 682-2168

### REQUEST FOR DUPLICATE LICENSE

Please **PRINT** using blue or black ink

**Instructions:** Refer to table below for required fee and instructions as to what sections of this application are required. **ALL REQUESTS MUST INCLUDE A COPY OF THE DRIVER'S LICENSE.**

#### FEE CALCULATION TABLE

| DESCRIPTION                     | AMOUNT DUE | SECTIONS TO BE COMPLETED |
|---------------------------------|------------|--------------------------|
| Practitioner Duplicate License  | \$2.00     | SECTION: (A); (B); (D)   |
| Establishment Duplicate License | \$2.00     | SECTION: (C); (D)        |

#### SECTION (A) – APPLICANT INFORMATION (PLEASE STATE NAME THAT CURRENTLY APPEARS ON LICENSE)

|                                |                            |                      |                |             |                |          |       |                |
|--------------------------------|----------------------------|----------------------|----------------|-------------|----------------|----------|-------|----------------|
| Last Name                      |                            | First Name           |                | Middle Name |                |          |       |                |
| Address Where You Receive Mail |                            | Apt #                | City           | State       | County         | Zip Code |       |                |
| Address Where You Live         |                            | Apt #                | City           | State       | County         | Zip Code |       |                |
| Phone<br>(   )                 | Gender<br>MALE      FEMALE | Race<br>(circle one) | Black          | White       | Am. Indian     | Hispanic | Asian | Alaskan Native |
| Marital Status                 | SSN                        | Date of Birth        | Place of Birth | Id Number   | License Number |          |       |                |

#### SECTION (B) – PRACTITIONER DUPLICATE LICENSE

The Board's Office will issue a duplicate license for the following reasons: (1) Original license was lost/destroyed; (2) Original license was never received; (3) Licensee is owner of more than one salon; (4) licensee is also a working instructor; (5) licensee is requesting a name change (also see section (B-1)).

|   |             |          |            |              |             |
|---|-------------|----------|------------|--------------|-------------|
| Type of License   | COSMETOLOGY | MANICURE | INSTRUCTOR | AESTHETICIAN | ELECTROLOGY |
| I am requesting a duplicate of my license for the following Reason. (See numbered items in above paragraph) | 1           | 2        | 3          | 4            | 5           |

#### SECTION (B-1) – PRACTITIONER NAME CHANGE -- You must attach a copy of a legal document (marriage certificate, divorce decree, court order, etc.) to substantiate the name change.

|   |   |            |             |
|---|---|------------|-------------|
| Name of requested change (only complete Applicable boxes) | Last Name   | First Name | Middle Name |
| Are you also an establishment owner?<br>YES      NO       | If yes, list establishment name, city and Id number |            |             |

#### SECTION (C) – ESTABLISHMENT DUPLICATE LICENSE

|   |                    |                         |
|---|--------------------|-------------------------|
| Establishment Name  | Establishment Id # | Establishment License # |
| Address Where Establishment Receives Mail   | Suite #            | City                    |
| Physical Address of Establishment   | Suite #            | City                    |
| I am requesting a duplicate of my establishment License for the following reason: | County             | State                   |
|   | County             | State                   |
|   | Zip Code           | Zip Code                |

#### SECTION (D) – APPLICANT/OWNER SIGNATURE

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Board to take disciplinary action.

|              |              |           |
|--------------|--------------|-----------|
| Today's Date | Printed Name | Signature |
|--------------|--------------|-----------|

#### FOR BOARD USE ONLY – DO NOT WRITE IN THIS AREA

|           |      |        |         |
|-----------|------|--------|---------|
| ID NUMBER | DATE | AMOUNT | RECEIPT |
|-----------|------|--------|---------|